

DEC 28 2006

FACSIMILE COVER SHEET

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From: Michael P. Straub, Esq.

Date: December 28, 2006

Number of Pages Including Cover: 19

MESSAGE: FORMAL SUBMISSION OF:

- 1) Fee transmittal (in duplicate);
- 2) Request for a three (3) Month Extension of Time (2 pgs.); and
- 3) Amendment 14 pages

Attorney Docket No.: Flarion-78APP1 (060574U1)

Appl. No.: 10/637,844

Applicant: Hui JIN

Filed: August 8, 2003

Title: METHODS AND APPARATUS FOR DATA TRANSMISSION IN A BLOCK-COHERENT
COMMUNICATION SYSTEM

TC/A.U.: 2133

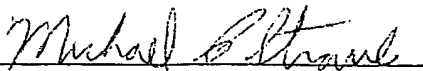
Examiner: Stephen M. Baker

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (and any accompanying paper(s))
is being facsimile transmitted to the United States Patents and
Trademark Office on the date shown below.

Michael P. Straub

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December 28, 2006
Date

DEC 28 2006

Modified PTO/SB/17 (01-03)
Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2006</h3> <p style="font-size: small; margin: 0;">Effective 12/08/2004. Patent fees are subject to annual revision.</p>		<p style="margin: 0;">Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/637,844</td></tr> <tr><td>Filing Date</td><td>August 8, 2003</td></tr> <tr><td>First Named Inventor</td><td>Hui JIN</td></tr> <tr><td>Examiner Name</td><td>Stephen M. Baker</td></tr> <tr><td>Art Unit</td><td>2133</td></tr> <tr><td>Attorney Docket No.</td><td>Flarion-78APP1 (060574U1)</td></tr> </table>		Application Number	10/637,844	Filing Date	August 8, 2003	First Named Inventor	Hui JIN	Examiner Name	Stephen M. Baker	Art Unit	2133	Attorney Docket No.	Flarion-78APP1 (060574U1)
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT (S) 1,220.00															

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Deposit Account Number</td><td>50-1049</td></tr> <tr><td>Deposit Account Name</td><td>Straub & Pokotylo</td></tr> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge any underpayment of fee(s) indicated below <input type="checkbox"/> Credit any overpayments </p> <p> <input type="checkbox"/> Charge any additional fee(s) due in connection with the filing submitted herewith </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee in the to the above-identified deposit account. </p> <p style="text-align: center;">FEE CALCULATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">1. 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EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>Independent Claims</td> <td>-20** =</td> <td>X</td> <td></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>-3** =</td> <td>X</td> <td>200</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> <tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td>(S) 200.00</td></tr> </table> <p>**or number previously paid, if greater. 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Michael P. Straub	Registration No. (Attorney/Agent)	36,941
Signature	<i>Michael P. Straub</i>	Telephone	(732) 542-9070
		Date	December 28, 2006

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.